

Volunteer Application

Date of Application: _____

Name: (Miss, Ms., Mr., Mrs.) _____

Date of Birth:(Optional) _____ Gender: M _____ F _____

Address: _____

City: _____ Postal Code: _____ Phone #: _____

For Emergencies: Name: _____ Phone #: _____

Do you have any allergies or medical conditions we should know about? _____

Is it convenient to call you at work? If yes, your work phone #: _____

Languages Spoken: _____

Languages Written: _____

Please state your reasons for volunteering: _____

What skills or experience do you want to develop at Unison Health and Community Services?

In what way do you feel you can contribute to our community? _____

How did you hear about Unison Health and Community Services?

Do you have any previous volunteer experience and or involvement with community groups?

Yes _____ No _____ If yes, please give details.

Choose three (3) areas of interest in order of preference:

- One-on-one support
- Accompaniment (e.g. accompany clients, home visits, shopping, etc.)
- Social/support group (Adults)
- Youth support group
- Parent/child drop-in
- Parent relief
- Committee work (social advocacy)
- Data entry
- Tutoring (literacy)
- Computer instruction
- Homework club
- Interpretation/translation
- Special events/programmes
- General office work
- Working in the clinic
- Assisting with clinical programmes
- Resource room
- Other (please write below)

How many hours per week are you able to volunteer? _____

What days of the week are you available? _____

Mornings/Afternoons/Evenings? _____

We encourage volunteers to commit for a minimum of six (6) months. How long are you willing to commit? _____

List two references (other than family) that we can contact:

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

Signature of Applicant: _____ Date: _____

Reviewed by Staff: _____ Date: _____